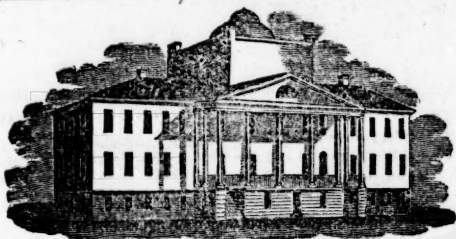


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## I.

### *Some Notice of the late James P. Chaplin, M.D.*

Communicated for the Boston Medical and  
Surgical Journal.

In this Journal we lately noticed the death of Dr. James P. Chaplin, of Cambridge. The circumstances attending the illness and death of so distinguished a member of the profession, being objects of much interest to the medical public, we have obtained such details of these events as could be procured. We shall introduce them by stating a few facts relating to his life.

Dr. Chaplin was born at Groton, in the county of Middlesex, twenty-five miles from Boston, where his father, a venerable clergyman, is still living. He studied medicine as a pupil of the late Dr. Warren, in Boston, took the degree of Doctor of Medicine in Harvard University, and settled as a practitioner in that part of Cambridge called Cambridgeport.

After obtaining a high reputation and extensive business in this town, he added to his other labors the formation of an establishment for the reception and cure of insane persons. The number of patients received was for some years small. But his success with them was so remarkable, that he was induced to enlarge his buildings and to place his asylum on a more extended plan, so as to afford all necessary accommodations for the comfort and cure of those put under his care. His reputation increased and spread so widely, that he had applications for many more than he could receive, from every part of the United States; and his success kept pace with his reputation. Probably no institution of the kind in any country ever presented a greater number of cures. His method was a moral one. In common cases he used no medicine but occasional purgatives. Coercion and confinement were but little employed, and violence made no part of the

system. It was by his peculiar calm, commanding manner, and admirable judgment in conversing with his patients, that he succeeded in softening the obstinate and controlling the violent. To moral modes of treatment he added a careful regimen and great exercise.

Dr. Chaplin's private character was highly amiable and interesting. His friends knew where to find him. For many years a member and officer of the Massachusetts Medical Society, his opinion was always regarded with great respect; and he was therefore generally called on to assist in arranging and deciding on the most important concerns of the Society. Of late years he took a deep interest in the subject of religion; and became remarkable for his devotion to pious and benevolent objects. Cut off in the full career of his exertions, and in the vigor of his experience, his loss will be deeply felt and with difficulty supplied.

During the twenty-three years in which Dr. Chaplin practised medicine in Cambridge, his constitution suffered severely by repeated attacks of violent disease. In 1807 he had a severe inflammation of the liver, and during the remainder of his life he was frequently subject to considerable derangement of the functions of this organ. In 1810 he was reduced extremely low by the spotted fever, of which there were several cases at that time in Cambridge, and, with the exception of one or two, were all fatal. A few years afterward his professional duties were suspended for a time by a pulmonary affection, attended with hæmoptysis. In 1824 the tibia of his right leg was

fractured by the kick of a horse, which occasioned a confinement of several weeks, during which his health was much improved, so that, for the two succeeding years, he enjoyed a higher degree of health than he had for the same length of time since his residence in Cambridge. During the last spring and summer there were symptoms of serious disease preying upon his constitution. Of this he seemed perfectly conscious, and considered the digestive organs as the seat of the disease. His complexion became sallow; there was great diminution of physical energy; frequent attacks of nervous headach; palpitation of the heart, with which he was occasionally troubled from an early age; a singular affection of the right eye, without any apparent change in its form and structure, near objects appearing, when viewed with that eye, indistinct and removed to a great distance, whilst the left eye was unaffected and its vision perfect.

In August he was suddenly attacked with violent pain in his head; great intolerance of light and sound; the slightest noise, even speaking in a low voice, could not be endured. He was soon relieved in a great degree by evacuants; there remained, however, a strange sensation about the brain, which he recollected having experienced when recovering from spotted fever. With this there existed some affection of the mind,—a depression of spirits, almost amounting to despondency, alternating with an excited state of the imagination, which required the whole powers of his reason to control. His mind was filled with pleasurable sensations, and the sight of every object afforded him

pleasure. At this time his physician recommended a journey, during which his health was sensibly improved, and he appeared to be recruiting rapidly, until the night previous to his arrival home, when, after having continued his journey in a damp evening, he became suddenly worse.

He arrived home on Friday, Sept. 26th; at which time he complained of headach, inaction of stomach, and general uneasiness which prevented sleep. On the morning of the 27th he rose early and rode several miles, hoping that air and exercise might remove his uncomfortable feelings. He returned unrelieved and took an emetic, which operated violently as an emetic and cathartic. On the 29th he was visited for the first time by Dr. Jackson. At that time his symptoms were, great prostration of strength; insatiable desire for cold drinks; pulse 130, soft, and easily compressed; skin hot and dry; tongue mostly coated with dry coat of a light brown color; confusion of mind and watchfulness; intolerance of light; no pain excepting in the head. Dr. J. directed saline cathartics and warm bath. Bath at 99 Fah. increased frequency of pulse and occasioned no relief; the operation of salts diminished the frequency of the pulse: they were repeated so as to produce two or three evacuations daily. Oct. 1st, applied cold water to the head without relief. This, with the occasional use of wine and porter as cordials, comprised the treatment until Oct. 6th. On Monday, Oct. 6th, the skin became quite yellow, and there was some appearance of improvement. Omitted cordials, and directed Submur. Hydrarg.

and opium at night. In the evening there was considerable subsultus tendinum about the forearms and hands; also an increased disposition to sleep; pulse 108, full, and compressible; skin cool and dry; tongue covered with brown coat. Gave S. M. Hydrarg. and opium; directed cordials to be given frequently. Oct. 7th. Subsultus less; more wakeful: gave salts. After operation, much irritation about the rectum: gave bland opiate enemas. From this time until the 11th the disposition to coma continued to increase; the subsultus was almost constant; pulse from 108 to 112: gave S. M. Hydrarg. and opium at night, and Sulphas Magnesiae in the morning; occasionally opiate injections.

On the 11th, much subsultus; he could with difficulty be made to notice any one: applied large blister over the stomach and right lobe of the liver; gave opiate enema. In the evening he lost the power of swallowing, and continued in apparently deep sleep until the morning of the 12th, when he expired.

Through the whole of his sickness he declared himself entirely free from all pain excepting about the top of the head, which was relieved only by the application of cold water. He complained most of the great prostration of strength, and of the irritation occasioned by the passage of acrid fæces through the rectum.

During his illness he was attended generally by Dr. Jackson and Dr. Hayden, and occasionally by Dr. Warren.—The examination of the body was made by the two last named gentlemen; and to Dr. H. we are indebted for the notes of its symptoms and appearances.

*Examination fourteen hours after death.*

Skin deeply tinged with yellow, particularly about the face and temples.

*Abdomen.* Omentum loaded with fat, discolored and adherent to the parietes of the abdomen and to the cœcum. The intestines had not their natural white color, yet exhibited no signs of recent inflammation.

*Liver.* Color light brown; yellow bile oozing through the serous coat; dark blood flowed freely on making an incision into its substance, which appeared denser than usual, and resembled the liver of animals when cooked; gall-bladder was distended with bile of an inky hue, which was with difficulty forced by pressure through the cystic duct and ductus choledochus into the duodenum. The liver might be said to be wholly changed from its natural hue, though not indurated.

*Spleen.* Serous coat thickened, and of a pale blue color; substance black, soft and disorganized; organ very large.

*Kidneys.* The right enlarged, inflamed, and in some places hardened; its whole texture changed. The left was wanting, or so changed in structure as to be useless; it consisted of eight or ten cells filled with a serous fluid, not having the odor of urine; there was no vestige of cortical part or pelvis; the cells were arranged in the form of a kidney, but did not communicate together, nor with the bladder; the bladder was filled with urine of a natural color and odor.

The stomach and small intestines contained a considerable quantity of dark fluid and mucus; the colon was filled with fœces of

a bright yellow color; the mucous coat of the stomach was almost black, and nearly gangrenous—of the duodenum, dark olive—of the cœcum and colon, highly inflamed.

*Thorax.* Heart: left ventricle enlarged, and the parietes diminished in thickness; the right empty, but natural in appearance; the aorta between its curve and the heart was enlarged to nearly double its natural size.

*Lungs.* Right lobe adhered by its whole surface to the pleura of the ribs; not crepitating, gorged with blood, and considerably disorganized: left lobe appeared perfectly healthy and had no adhesions.

*Head.* Substance of the brain very firm; slight adhesions to dura mater; vessels moderately filled with blood; some effusion between the tunica arachnoides and pia mater; quantity of serum in the ventricles not much more than usual; attached to the plexus choroïdes of the left lateral ventricle was a string of small hydatids; the basilar artery was ossified to a small extent in one part of its course; the right optic nerve was not altered in consistence or general appearance.

Every one must be surprised that the subject of so much organic derangement could have enjoyed a tolerable degree of health and vigor; and that one of the most remarkable phenomena which preceded and accompanied his illness, the affection of the brain and the imagination, did not proceed from disease in the cerebral organ, but was wholly sympathetic. Although both the kidneys were diseased, and the left entirely disorganized, there were no symptoms of disease in these organs during life.

## II.

*On the Use of Ergot in Uterine Hemorrhage.*

Communicated for the Boston Medical and Surgical Journal,

By Dr. HIRAM HOLT.

MR. EDITOR—We observed in your Journal of August 11th, a paper on the "Use of Ergot for the prevention of Uterine Hemorrhage." The writer, after giving a statement of a case, asks the following questions:—

"1. Is it probable in this case that the ergot had any effect in restraining uterine hemorrhage after delivery?"

"2. Were the pains which occurred after delivery occasioned by the continued action of the ergot?"

We shall not attempt to answer the queries of your correspondent, but simply contribute a few more facts on the subject.

Mrs. — was taken in labor with her first child in October, 1824. She was 24 years of age, well formed, strong, and healthy. The presentation was natural, and after twelve hours' severe labor, she was delivered of a large child. She appeared much exhausted after the birth of the child, and was not disturbed until a slight hemorrhage required the removal of the placenta, which was very easily effected by assisting a little at the cord.

The uterus did not contract firmly, and hemorrhage followed, yet not sufficient to create immediate alarm. Opium, with saccharum saturni, was administered, and friction and cold affusion applied to the abdomen. The uterus contracted, the hemorrhage ceased, and the patient appeared comfortable. On examining again,

however, after an interval of fifteen or twenty minutes, we found the uterus relaxed, the countenance pale and sinking, the abdomen a little distended, the pulse small and frequent, and the woman complaining of faintness and loss of vision. Friction again produced uterine contraction, which expelled a large quantity of coagulated and fluid blood. The exhausted state of the patient now made friction almost insupportable, but the moment it was discontinued relaxation took place, and with it hemorrhage.

We now gave 20 grains of ergot in powder, continued the friction as the patient could bear it, and applied warmth to the extremities, which were getting cold. She soon began to complain of pain in the loins; the uterus could be felt through the parietes of the abdomen firmly contracted, in which condition it remained.— She convalesced slowly, and enjoyed tolerable health until Aug. 1828, when she was taken in labor with a second child. Her system had not recovered its former tone, and being fearful of consequences we infused 3j. of ergot in 3ij. of boiling water, and set it by for use. The labor was similar to the first in severity, but terminated in about eight hours. Immediately after the child was expelled, she took 3j. of the infusion. Severe after-pains followed; the placenta was expelled without hemorrhage, yet the pains continued, and made anodynes necessary for thirty-six hours.

CASE 2.—Mrs. — was taken in labor Oct. 1825 with her fourth child. She was 30 years of age, delicate constitution, sallow countenance, and had been quite fee-

ble during the latter months of pregnancy. Her labor was natural, and speedily terminated. We took the placenta, without difficulty, in about half an hour after the birth of the child. The uterus seemed disposed to relax, and required brisk friction, sac. sat., opium, cold affusions, &c. to produce contraction, yet at several times within the first two hours relaxation took place, and a gush of blood followed immediately. The hemorrhage, although not more than a healthy woman might bear with impunity, was far too much for a constitution like hers, and not only retarded her recovery, but kept her pale and feeble for months afterwards.\*

She was taken in labor again in June, 1828. Her pains were more severe, and of longer duration, than those of her last labor. Complexion and general appearance much as in 1825. Soon after the child was expelled, she took 3j. of infusion of ergot, and in a few minutes pains came on so frequent and severe, that she begged for the removal of the placenta. To pacify the patient, we took hold of the cord and made some apparent attempts at extraction, but the uterine action detached and forced it into the vagina before we had assisted in the least. Expecting after-pains, we left an anodyne to be taken in a few hours, and a cathartic on the following morning. On calling the third day, we took occasion to inquire of her concerning former labors which had taken place at a distance, and received the following reply:—"I have always flowed too much at every labor except the present. I have more strength now than I ever had at the same period of confinement, but I ne-

ver had such *after-pains* in my life."

*Pomfret, Con. Oct. 30, 1828.*

We subjoin to the above interesting cases of our correspondent the following from a late foreign journal, which has some connexion with the same subject.—Ed.

*Case of the Use of Ergot in Uterine Hemorrhage.*

By PETER ROGERS, Esq.

M. A. Sodey, *ætat.* 28, of a spare habit, pale countenance, and delicate constitution, requested I would attend her on her third confinement, as she was extremely weak, and had suffered severely from the incapacity of a midwife in her last labor. Here, the placenta had been retained seven hours, with profuse hæmorrhage; she recovered slowly, and from that time was subject to partial hæmorrhage till the death of her child from cholera, when twelve months old; after this the discharge increased, and my assistance was desired; by the usual remedies, she soon amended, and again became pregnant. I was called to her in labor, a distance of three miles, about eleven at night; found her up, complaining of great debility and nausea, but the pains had totally ceased, and she thought labor would not come on. After waiting two hours, I desired she would go to bed and take some warm gruel; and soon after the nurse came down stairs, and told me, that in straining to vomit, the membranes were ruptured, but without pain. I went up about an hour after, and was astonished to find her so changed; she had become so weak, that she could scarcely articulate; her countenance had assumed a cada-

verous aspect, and her pulse was barely perceptible. On examination, I found a most prodigious hæmorrhage had taken place (which had been mistaken for the waters,) and still continued; the os uteri was a little dilated, but she had no pains. I could just discover, that the presentation was natural, and directly gave her some brandy and water, which was instantly rejected. I then infused thirty grains of the secale cornutum in hot water, and gave her; this remained on her stomach, but she had become nearly motionless; in twenty minutes a little pain came on and increased slowly; soon after the hæmorrhage abated, and was totally suspended. In five-and-forty minutes, she continued almost without pulsation, except when roused by the pains, till near six o'clock, A.M., when a living child was expelled, and was soon followed by the placenta; a little brandy was now given, and repeated at intervals, which restored her slowly, and she is now quite recovered. The ergot was given at half past two, A.M., upwards of three hours before the expulsion of the child; but appeared to act regularly from the first, and the hæmorrhage was restrained as soon as the effect of the remedy became apparent.

*Case of the Use of Ergot in Uterine  
Hæmorrhage.*

By JOHN POCOCK HOLMES, Esq.

I was called, on the 18th of June last, to Mrs. H. of St. Martin's Street, Leicester Square, and found her laboring under profuse flooding. The history she gave of her case was, that on Sunday, May 4th, a fire broke out in the house adjoining; that she was extremely frightened, and was seiz-

ed with a violent pain in the left side, and this pain was very soon succeeded, but not relieved, by a violent flooding. On the 6th of June, she was seen by Dr. Darling, who prescribed for her, desired her to keep quiet in the recumbent posture, and to take cool drinks; and he gave her assurances that by adopting this plan she might, probably, go on to the natural term of utero-gestation. She was now about five months and a half advanced in pregnancy. She finished her statement by informing me that the hæmorrhage had continued more or less, daily, to the present time, and that it was then excessive.

The woman was œdematous, so weak, pale in the face, and greatly exsanguineous, that I entertained a very unfavorable opinion of the case; and my fear was much increased when I reflected that the most judicious treatment that could be adopted had already been put in force; and, as she assured me, with the greatest strictness and attention on her part. I mentioned the probability, that something must shortly be done; but as she had mentioned Dr. Darling's name, I was desirous of consulting him. In the interim I prescribed. The medicines I employed had, however, no effect; and on the 21st I had the pleasure of consultation with Dr. Darling, when I stated my opinion that nothing could be done but to bring on premature labor. The Doctor assented; and I then suggested the use of the ergot of rye; and if that failed, the necessity of puncturing the membranes. This was agreed to, and on the same day (Saturday), I proceeded to bring on labor. For this purpose I administered, about half past 11



o'clock, P. M., a wineglassful of infusion of ergot of rye (made by infusing 3iij. of ergot in half a pint of boiling water); I soon after examined the vagina; but I could not, by any means, introduce my finger in utero, on account of its recession. Some time elapsed and I repeated the dose of medicine, which brought on griping pains. At intervals of ten minutes, two more doses were given. The pains came on in an intense degree; I introduced my finger into the uterus and endeavored to rupture the membranes; these, however, were so tough that I did not succeed. The pains continued, and in the end became so violent that I began to fear injury to the uterus might occur. I therefore procured my perforating stilet\* and punctured the membranes. The pains now took effect on the fetal mass; and being kept up by fresh doses of ergot, the child was expelled, breech foremost, about half past five o'clock. The placenta followed shortly, and the uterus became perfectly contracted. It was singular that this woman lost not a drop of blood after delivery, a circumstance which I attribute to the administration of the ergot of rye.

The conclusions I would deduce from this case are, 1st, That when the production of premature delivery is decided upon, it is proper to give ergot of rye, because by its agency we secure a proper contraction of the uterus, sufficient to expel the fetus, and also to contract the organ itself to its natural dimensions after delivery;

\* For this stilet, which I invented last year, I received the Society of Arts' gold medal for 1828. The instrument has received the warm approbation of my friends, Dr. Blundell, Mr. Shipman, &c.

and, 2dly, That cases exist when this potent remedy may be useless and its action injurious, unless the unyielding membranes be perforated.

### III.

*On the Management of Floodings in the Later Months.—From Lectures delivered at Guy's Hospital,*

By Dr. JAMES BLUNDELL.

THOSE large eruptions of blood, Gentlemen, which are taking place from the uterus during the latter months of pregnancy, I am accustomed to divide into *three* kinds; those, I mean, in which the floodings are connected with the situation or implantation of the placenta, over the mouth of the womb; those floodings, again, in which you have large quantities of blood coming away from the uterus, without the placenta being so situated; and, lastly, those large discharges from the uterine cavities which follow the birth of the fetus, and either precede, or come after, the abstraction of the placenta. Now, of these three species of floodings, we shall treat in order.

Nature has wisely so ordained it, that, in general, the placenta does not cohere to the mouth and neck of the womb, but is attached either to the body of the uterus, or its fundus. It does, however, occasionally happen, and dangerously both to the mother and the fetus, that the placenta is implanted over the os uteri, so as either to lie over it completely, or else to give it a partial covering, one half of the os uteri being closed in by the membranes, as the other half is by means of this fleshy mass, the placenta. When



the placenta is, in this way, partially implanted over the os uteri, or covering it completely, we find the patient becomes liable to large and dangerous eruptions of blood from the womb; these eruptions taking place, earlier or later, during the latter periods of gestation, but generally, I think, about the seventh or eighth month, and without any obvious cause. The patient, perhaps, is lying asleep in bed, or, it may be, she is quietly occupied with her needle, when suddenly the blood bursts from the uterus, asphyxia speedily following, and sometimes, though rarely, death itself. Sooner or later, with more or less severity, the pains make their beginning; and it is remarkable, that when the pains of parturition ultimately supervene, every effort of the uterus is sometimes accompanied by a gush of blood in varying quantity. Of these hæmorrhages, the reason usually assigned is the following: during the first and middle months, it seems the ovum is confined merely to the body of the womb, the neck forming no part of the general receptacle in which it lodges. The placenta, therefore, placed during these months over the neck of the uterus, lies undisturbed; but during the two or three months, in the end of pregnancy, the cervix uteri gradually dilates itself, so as to form a part of the chamber tenanted by the fœtus; and the consequence is, that the neck of the womb dilating to receive the ovum, while the placenta is not equally expanded, a movement of one surface over the other, slow, indeed, but certain, is produced. Now, in consequence of this movement of surface upon surface, there is a tearing of those vessels,

numerous and large, which pass from the uterus to the placenta; the blood, of consequence, rushing from the uterus largely, and without visible cause, the discharge depending on nothing extrinsic, but upon those internal changes which must necessarily take place. Again: when the efforts of parturition come on, the entire ovum is pushed down towards the vagina, as in ordinary labors—the placenta, which lies over the os uteri, of course descending foremost. With every effort of parturition, therefore, the placenta comes forward more and more, and becoming, of consequence, more and more detached from the uterine surface; additional vessels are successively laid open, each disclosure being accompanied by a further discharge of blood. Thus, in these floodings, we have not only, at first, a spontaneous eruption of the blood, but sometimes also a return of the gushes with the pains, both of them symptoms very characteristic of the disease.

Such, then, is a brief summary of the more important symptoms which characterize this disease: the placenta covering the mouth of the womb, partially or completely, large hæmorrhages, dangerous both to the mother and child, are apt to occur; these floodings often arise spontaneously, and without obvious cause, in the latter months; and when the pains supervene, the ovum begins to descend, and, at this time, the gushes of blood, instead of being diminished, are apt to return with every effort. After all, however, these symptoms merely create a suspicion of the real nature of the case. The only certain mode of ascertaining that the placenta co-

vers the disc of the os uteri, is by examination very carefully instituted; and wherever this situation of the placenta is suspected, examination should be had recourse to, as soon as it may be made. Performing this operation carefully, we find a fleshy mass lying over the mouth of the womb, covering it completely or partially; and if we are in the habit of feeling the placenta, (and I would recommend you all, in commencing practice, to acquire a knowledge of its tangible properties, by handling every placenta which may come in your way,) we may readily enough determine on examination, whether that fleshy mass be, or be not, the placenta. If, however, being inexperienced, you suspect that this reputed placenta may, in reality, be nothing more than a clot of blood, taking a small portion of it between your fingers, you had better pluck it away; making an examination of it afterwards by putting it into pure water, when the placental characteristics may be easily discriminated from those of a clot of blood. In the outset of your practice, take every opportunity of contrasting the one with the other; readiness of discrimination may be of use to you here. To conclude, then: when, in the seventh or eighth months, you find a large discharge of blood occurring spontaneously,—and when, after these large discharges, gushes are found to recur with every pain, you may venture to surmise, from these symptoms, that the placenta is lying over the os uteri; that such is certainly its situation, can be made out by examination only, and the sooner it is instituted the better.

But to proceed: asphyxia not

forbidding, if you are called to a case in which the placenta is lying over the mouth of the womb, provided the woman be in a state nearly approaching to asphyxia, and provided, too, as generally happens, the bleeding is arrested, let her lie quiet, forbearing to disturb the genitals by manual operation, for I repeat, if you hastily introduce your hand into the uterus at this time, you perhaps produce a renewal of the discharge, which would most probably destroy the patient.

If again you are called to a case in which, the placenta lying over the os uteri, there is not, however, this great reduction of strength, so that the woman does not lie, as it were, half dead, remember the general rule is, that you should introduce your hand into the uterus as soon as you safely may, and that you should abstract the child by the operation of turning. On this point there can, I presume, be no difference of opinion among competent judges, at least in the present state of knowledge; so that the mind is not here, as sometimes, distracted or disturbed among a variety of practices, all of which may have nearly equal claims to its adoption. Thus, then, lies the general rule: provided you find the placenta lying over the disk of the os uteri, so as to cover it partially or completely, the hand is to be introduced into the uterus, and the child is to be extracted by turning, without the delay of a moment, *as soon as the operation may be performed with safety.*

Now the hand may be safely introduced, or, at least, it may be introduced with that degree of safety which justifies the operation, provided the softer parts are

thoroughly relaxed, which, in these cases, they almost always are, in consequence of the bleeding; provided, further, the os uteri is beginning to open itself a little; becoming, for instance, broad as a half crown, (for the urgency of the danger would justify our not awaiting a wider dilatation,) and provided, lastly, the woman be *not in such a state of asphyxia, that if you disturb the parts, so as to cause the discharge of an additional cupful of blood, dissolution may be expected to ensue.* Under such conditions, therefore, the sooner you operate the better. But, on the other hand, if the os uteri be closed, if the softer parts be rigid, and if the *patient lie in a state approaching to asphyxia, wait.* Wait, in the first place, where the patient is in a state approaching to asphyxia, proceeding to the operation when the patient rallies. Again, where there is a rigidity of the softer parts,—of the os uteri, I mean, or vagina,—wait, proceeding to the delivery as soon as the laxity of the parts will allow. In thirty, twenty, nay, sometimes in ten minutes, or less, a relaxation will sometimes suddenly occur; remain, therefore, with the patient, and let your examinations, though gentle and prudent, be frequent, unless asphyxia forbid. That you ought always to wait, because the disc of the os uteri is smaller than a half-crown piece, I am not sure. When experienced, dexterous, and cautious, you may sometimes dilate and deliver notwithstanding; but keep the fear of laceration always before your eyes, and while young in practice, beware. In the general, I may remark, that you should remain at the bedside; never quitting the patient

till she is delivered; be watchful too—be vigilant; the waves are high and the winds are abroad—while you are sleeping, the bark is sinking. Save, or your patients perish. By turning, it is, that the foetus is to be abstracted in these cases; and this may be accomplished in different ways. The placenta completely covering the mouth of the uterus, in the first place you may carry your hand through this aperture, at the same time making an opening through the placenta, so as to penetrate both simultaneously, enlarging the opening sufficiently to admit the introduction of the hand into the uterine cavity, where you may lay hold of the child's feet, and bring it away by the operation of turning. Or, again, and this is the second method of operating, passing the os uteri, you may advance the hand between the placenta and the uterus, until, with as little disturbance of the parts as may be, you reach the edge of the placenta, where the cyst, containing the liquor amnii (a cyst of water) may be felt. This point accomplished, you enter the cavity of the ovum by lacerating the membranes, advancing afterwards to the feet of the child, and, as before, abstracting it by turning. Now, like all other things, these two obstetric practices have both their advantages and their evils; for, as it was wisely observed by the ancients, everything has two handles, though we commonly see but one. If you enter the uterus by rupturing the membranes, I think, on the whole, there may be a fairer chance of preserving the foetus; I say there may be, for of this I am not certain. But, probably, under this mode of procedure, in consequence of the de-

tachment of the placenta, a larger discharge of blood during the operation will occur ; while, on the other hand, if you dexterously enter through the os uteri, at the same time perforating the substance of the placenta, you may, perhaps, detach the placenta less extensively from the surface of the uterus, and secure the chance of a smaller discharge of blood, though the laceration of the capillaries of the umbilical vessels, occasioned by the disruption of the placenta, may possibly endanger the child. More experience, however, is wanting in these matters ; at present we must, in speaking of them, interject those dubitatives, which form an essential component of most medical opinions. For myself, I make my election between the two modes of performing the operation, upon the following principle :—If, arriving early, I find the patient is not much reduced by bleeding, I do not scruple to enter through the membranes, having, I presume, a fairer chance of saving the child in this manner, and, under the conditions given, not being afraid of the loss of an additional cupful of blood ; but, as frequently happens in placental cases, if the woman is so reduced, that the loss of a few additional ounces of blood may sink her, then I prefer entering the cavity of the uterus by penetrating the placenta, because the bleeding may be less, and the security of the woman may be greater ; and, in British midwifery, the safety of the mother, in every point, is made paramount to every other consideration whatever.

Here then is, in brief, a statement of those peculiar practices, which these very important and

very dangerous flooding cases, of all others the most important and the most dangerous, are requiring. When the placenta is implanted over the os uteri, so as to cover the disc of it partially or completely, the first office of the accoucheur is to ascertain the precise situation of the placenta—certainly known from careful examination only—to be suspected, however, when, in the seventh or eighth month, you find large bleedings without obvious cause, while gushes of blood accompany every effort of the uterus. This point ascertained, the practice to be adopted is the following :—If the woman seem to be at the point of death, and the hæmorrhage be stopped, you must not disturb the genital parts at that time, even by making examination, but, without neglecting other important practices, you must wait till she dies or rallies, operating if she recover herself, provided the bleeding return and require it. If, on the other hand, the patient is not in this sinking condition, without the needless delay of a minute, you are to deliver as soon as you safely may, and you may with that degree of safety which in such emergency justifies an operation, provided there is not a state of asphyxia immediately approaching, and provided the softer parts are tolerably relaxed, and the os uteri is a little open. If there be a rigidity of the softer parts, as sometimes happens, especially when you are summoned to the case early, by no means leave the patient, even though you may not be able to introduce the hand, but make your examination every five or ten minutes, and introduce your hand as soon as the parts may admit. In performing the operation,

if anxious to save every drop of blood, perforate the placenta, afterwards, as you enter the ovum, dilating together the os uteri and the aperture in this viscus; but if the woman be strong, you may then, in general, enter by passing between the womb and ovum to the edge of the placenta, rupturing the membranes and turning the fœtus as before explained. When the woman cannot be delivered there may be an advantage in discharging the liquor. This might sometimes be done by puncturing the placenta, care being taken not to detach it in so doing. When the membranes are felt over the os uteri, the placenta giving it but a partial covering, the waters, under such circumstances, may be easily discharged. These practices deserve consideration. From a very sensible friend, Mr. Greenwood, of Horslydown, I first learned them.

(To be continued.)

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BOSTON, TUESDAY, NOV. 25, 1828.

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BOSTON MEDICAL DISPENSARY  
REPORTS.

For the Month of October, 1828.

THERE was a brisk rain on the 1st and 2d days of the month. It was followed by clear and very pleasant weather, which continued till the 13th, when there was a violent gale of wind from S. S. E. Four days of very cold weather, in which the temperature at night was below 32 deg. Fahr., succeeded. During the rest of the month, from the 20th to the 30th, it was clear, warm and very pleasant.

NORTHERN DISTRICT.

Whole number of cases, 64. Of  
 Abortus - - - 1  
 Anetus quotidianus - - 1

Arthrosia acuta	-	-	4
Blenorrhœa luodes	-	-	1
Catarrhus communis	-	-	1
Cephalitodes ebriosus	-	-	1
Cholera biliosa	-	-	1
Colica	-	-	4
Contusio	-	-	1
Diarrhœa	-	-	5
Dysenteria acuta	-	-	9
Enteritis	-	-	1
Erysipelas locale	-	-	1
Hæmoptysis atonica	-	-	1
Hysteria	-	-	1
Ophthalmia glutinosa	-	-	3
do. purulenta	-	-	2
do. taraxis	-	-	1
Otitis	-	-	1
Paramenia suppressio	-	-	2
Parturitio	-	-	3
Phlegmone communis	-	-	1
do. mammæ	-	-	2
Phthisis	-	-	1
Pneumonitis notha	-	-	1
do. vera	-	-	2
Porrigio favosa	-	-	1
Scabies	-	-	1
Synochus	-	-	2
Typhus	-	-	4
Ulcus	-	-	2
Varicella	-	-	1
Vulnus laceratum	-	-	1

J. W. McKean.

EASTERN DISTRICT.

The number of cases was 67: of these, 4 were puerperal; 67-4=63 cases requiring medical or surgical treatment. Of

Arthrosia acuta	-	-	1
Bex convulsiva	-	-	5
Catarrhus	-	-	3
Causis	-	-	1
Cholera	-	-	1
Contusio	-	-	1
Diarrhœa	-	-	1
Dysenteria	-	-	12
Epanetus mitis	-	-	2
Fractura	-	-	1
Gastritis	-	-	1
Helminthia alvi lumbric.	-	-	1
Hepatitis chronica	-	-	1
Hydrops cellularis	-	-	1
Icterus	-	-	1
Lepriasis vulgaris	-	-	1

Luxatio denudata - - -	1
Marasmus atrophica - - -	1
Ophthalmia - - -	1
Paruria stillatitia - - -	1
Phlegmone communis - - -	2
Pleuritis - - -	1
Pneumonitis - - -	4
Proctica exania - - -	1
Prurigo - - -	1
Scabies - - -	3
Stemma - - -	1
Synochus - - -	9
Syphilis - - -	1
Vulnus - - -	2

The patients under puberty were 0.4; adult females furnished .37 of the cases of acute disease. .27 of the medical cases were of bronchial and pulmonary disease; .37 were disorders of the digestive organs.

Eight of the cases of dysentery were in adults; four were in children above two years of age. The febrile affections generally have been more mild than they were in the preceding month.

J. G. STEVENSON.

#### MIDDLE DISTRICT.

Whole number of cases, 43. Of

Abscess - - -	1
Acute rheumatism - - -	2
Cholera - - -	1
Dysentery - - -	1
Fever - - -	1
Hepatitis - - -	1
Paralysis - - -	1
Pleuritis e pneumonia - - -	1
Pneumonia mitis - - -	1
Puerperal - - -	1
Syphilis - - -	2

E. G. DAVIS.

#### WESTERN DISTRICT.

Whole number of cases, 57. Of

Aphthæ - - -	1
Arthrosia - - -	2
Anetus quotid. - - -	1
Asthma - - -	1
Bex convuls. - - -	3
Caries scapulæ - - -	1
Causis - - -	1

Cephalæa naus. - - -	1
Colica - - -	3
Contusio - - -	2
Diarrhœa - - -	4
Dysentery - - -	3
Enecia - - -	13
E. paristhmitis - - -	1
E. pleuritis - - -	1
E. pneumonitis - - -	2
E. porrigo - - -	4
Hysteria - - -	1
Hæmoptysis - - -	1
Parabysma hepat. - - -	1
Paramen. obstr. - - -	1
do. superfl. - - -	1
Parturitio - - -	2
Polypus nasi - - -	1
Scrofula - - -	1
Tinea ciliaris - - -	1
Ulcus - - -	1
Vaccinia - - -	2

J. H. LANE.

#### SOUTHERN DISTRICT.

Whole number of cases, 129. Of

Anetus tertianus - - -	1
Arthrosia acuta - - -	1
do. chronica - - -	6
do. podagra larvata - - -	1
Asthma humidum senile - - -	2
do. siccum organicum - - -	1
do. do. simplex - - -	2
Bex humida - - -	2
do. sicca - - -	5
Bronchlemmitis - - -	2
Causis - - -	1
Cephalæa hemicrania - - -	3
Cephalitodes ebrius - - -	3
Cholera infantum - - -	8
Chololithus means - - -	1
Colica flatulenta - - -	1
Coprostasis coacta - - -	2
Diarrhœa biliosa - - -	1
do. chronica - - -	1
do. mucosa - - -	3
Dysentery - - -	2
Ecpyesis ecthyma - - -	1
do. porrigo - - -	6
Emphlysis erysipelas localis - - -	1
do. vaccinia inserta - - -	3
do. varicella coniformis - - -	2
Enanthesis rosalia simplex - - -	1
do. urticaria - - -	2

Enecia cauma biliosum -	1
do. do. pleuriticum	3
do. do. pneumoniticum	1
do. do. synochus -	2
do. typhus mitior -	1
Epanetus mitis - -	1
Erythema erysipelatosum	1
Exoræia lichen ferus -	1
do. do. simplex -	2
Hæmorrhagia passiva proctica	1
Helminthia - - -	2
Hepatitis chronica -	1
Hydrops spinæ - -	1
Icterus hepaticus - -	1
Lepidosis psoriasis gyrata	1
Lymosis dyspepsia -	1
do. do. metastatica	1
do. emesis nausea -	2
do. do. vomitus	1
Marasmus atrophia debiliun	1
do. tabes mesenterica	1
Ophthalmia glutinosa -	2
do. taraxis mitis -	4
Otitis - - -	1
Paracysis abortus -	1
do. uterina spasmodica	1
Paramenia obstructionis -	1
Parturitio - - -	4
Phlegmone communis -	1
Phthisis - - -	3
Phyma furunculus - -	2
Proctica exania simplex -	2
do. marisca cruenta	2
Stemma - - -	1
Struma vulgaris - -	3
Sypspasia epilepsia cerebialis	2
Thlasma contusio - -	2
Ulcus mam. sinuo. fistulosum	1
do. vitiosum - - -	3
Vulnus simp. - - -	1

Females, over fifteen years, 59 ;  
under fifteen years, 22. Males, over  
fifteen years, 29 ; under fifteen years,  
19. CHARLES T. HILDRETH.

#### BOYLSTON MEDICAL PRIZE QUESTIONS.

THE following are the prize ques-  
tions for the next two years, viz.

1. The History of the Autumnal  
Diseases of New-England. N.B.  
The writers on this subject, are not  
expected to discuss the causes, or  
modes of treatment of such diseases,

as these are intended to constitute  
the subjects of future dissertations.

2. What insects in the United  
States, and particularly in the north-  
ern part, are capable of inflicting poi-  
sonous wounds, the phenomena of  
such wounds, and the best means of  
remedying their ill consequences ?

Dissertations on these subjects  
must be transmitted, post paid, to  
Thomas Welsh, M.D. of Boston, on  
or before the first Wednesday in  
April, 1829.

3. Whether fever is produced by  
the decomposition of animal or ve-  
getable substances, and, if by both,  
their comparative influence.

4. On the connexion between cu-  
taneous diseases, which are not con-  
tagious, and the internal organs. Dis-  
sertations on the two last subjects must  
be transmitted, as above, on or before  
the first Wednesday in April, 1830.

The author of the dissertation  
which is considered the best, on each  
of these subjects, will be entitled to  
the premium. Each dissertation  
must have some device or sentence  
written upon it, and must be ac-  
companied with a sealed packet,  
on which shall be written the same  
device or sentence, and within must  
be enclosed the author's name and  
place of residence.

All unsuccessful dissertations are  
deposited with the Secretary of the  
Committee, from whom their Authors  
can obtain them, if called for within  
one year after they are received.

At a meeting of the Committee in  
the year 1826, it was made the duty  
of the Secretary to publish the fol-  
lowing votes, annually, viz.

1. "That this Board do not con-  
sider themselves as approving any  
doctrines contained in any of the  
dissertations to which the premium  
may be adjudged."

2. "That in case of the publica-  
tion of a successful dissertation, the  
author be considered bound to print  
the above vote in connexion there-  
with." JOHN DIXWELL, Sec'y.

Boston, Nov. 9, 1828.



## WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Nov. 14, at noon.

Nov. 7. Elizabeth Conlan,	50 yrs.
8. John Wilson,	
William Cooper,	65
Maria E. Clapp,	3
Mary Hart,	41
Lucy Ann Whitmore,	5 mo.
9. Louisa A. Ellis,	4 w.
Mary A. Dalton,	19 yrs.
10. James Perry,	24
Jonathan Merry,	67
Elizabeth Learned,	25
11. Frederick A. Marden,	6
Timothy West,	26
Stephen Kennedy,	27
William Davis, jr.	6
Joseph O. Bell,	32
12. John Kemp,	14
John French,	36
Fanny Coburn,	33
Joseph Ridler,	50
14. Sarah Elizabeth Davis,	5 mo.
Louisa Greele,	36 yrs.
Sarah Dunlop,	60

Asthma, 1—bilious fever, 1—consumption, 3—croup, 1—dropsy, 1—dropsy in the head, 1—drowned, 1—hooping cough, 1—hectic fever, 1—intemperance, 2—infantile, 1—liver complaint, 1—lumbar abscess, 1—mortification in the bowels, 1—old age, 1—suicide, 1—unknown, 3. Males, 12—females, 11. Still-born, 1. Total, 24.

## ADVERTISEMENTS.

## SURGICAL INSTRUMENTS.

**DAVID & JOHN HENSHAW & Co.**  
No. 33, India Street, near the head of Central Wharf, have for sale a very extensive assortment of Surgical Instruments. Gentlemen wishing to purchase will find it to their advantage to call and examine them. Oct. 14.  
6mo.

## PRIZE DISSERTATION

*On the Effects of Spirituous Liquors.*

**A**T the Annual Meeting of the Massachusetts Medical Society in 1827, the following resolution was adopted:—

“Resolved, That this Society will use the skill of its members in ascertaining the best mode of preventing and curing the habit of intemperance, and that for this purpose a premium of FIFTY DOLLARS shall be offered for the best Dissertation on the subject; which after being approved

by the Counsellors shall be read at the next annual meeting of the Society, and afterwards printed; and that the authors be requested to point out the circumstances in which the abandonment of the habitual use of stimulating drinks is dangerous; and also to investigate the effect of the use of wine and ardent spirits on the different organs and textures of the human body.”

In consequence of this resolution two dissertations were presented; but not being sent within the time specified, they could not be examined.

At the Annual Meeting of the Society in 1828, it was voted to renew the offer of the premium on the same conditions, and the undersigned were chosen to receive and examine the dissertations.

The dissertations presented for the premiums may be left at the office of Mr. John Cotton, Bookseller, Boston, or sent to the Chairman of the Committee; on or before the 15th day of April, 1829.

JOHN C. WARREN,  
ZABDIEL B. ADAMS, } Committee.  
JOHN WARE,

A dissertation marked “*Fons et Origo Mali*,” is left at Mr. Cotton’s Bookstore, for the author if he should desire it.

## ABERNETHY’S LECTURES.

**T**HIS day published by Benjamin Perkins & Co. Lectures on *Anatomy, Surgery, and Pathology*, including observations on the nature and treatment of *Local Diseases*,—delivered at St. Bartholomew’s Hospital, by JOHN ABERNETHY F. R. S. 6w.

Boston, Sept. 22. 1828.

**B**ENJAMIN PERKINS & CO. have in the press, and will shortly publish, “A Manual for the use of the *Stethoscope*, being a Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. COLLIN, by W. N. RYLAND, with Notes and an Introduction by a Fellow of the Massachusetts Medical Society.

Oct. 23, 1828.

Nov. 4—6w.

## EUROPEAN LEECHES.

**C**HARLES WHITE, No. 269 Washington St., Corner of Winter St., has received a supply of GERMAN and PORTUGUESE LEECHES.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.